FORM D DED U 7 WUDD

Washington, DC

STATES **HANGE COMMISSION** J.C. 20549

FORM D

CE OF SALE OF SECURITIES LURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

MC	1435	518) _
	OME	APPRO	VAL
	OMB Num	iber:	3235-0076
	Expires:	April :	30.2008
	Expires: Estimated	average	burden
	hours per	respons	e 16.00

SEC USE ONLY					
Prefix	Seriel				
1					
DATE RECEIVED					
- 1	1				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Filing Under (Check box(es) that apply):
A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) SIERRA (FOLD ORPORATION)
Address of Executive Offices 192 JAK 1/5 503 OKON/O M5R 259 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Brief Description of Business GOLD EXPLORATION AND MINING
Type of Business Organization corporation
Actual or Estimated Date of Incorporation or Organization: Month

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments aged only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	A. BASIC IDENTIFICATION DATA
2.	Enter the information requested for the following:
	• Each promoter of the issuer, if the issuer has been organized within the past five years;
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
	• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
	Each general and managing partner of partnership issuers.
Che	ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full	Name (Last name first, if individual) FIANS DUMAS
Busi	iness or Residence Address (Number and Street, City, State, Zip Code) 192 JAR 1/15 ST, 4503 TORONTO (N. M. 513 259
Che	ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full	Name (Last name first, if individual) TEUJART SAMES SPENCER
Busi	iness or Residence Address (Number and Street, City, State, Zip Code) RR#2 BALTIMORF ON KOK ICO
Che	ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full	Name (Last name first, if individual) KAMARA JOHN BA I
Busi	iness or Residence Address (Number and Street, City, State, Zip Code) 13A YIKS ROAD, MAKENI SIERRA LEONE
Che	ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full	Name (Last name first, if individual)
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)
Che	ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full	Name (Last name first, if individual)
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)
Chec	ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full	Name (Last name first, if individual)
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)
Chec	ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full	Name (Last name first, if individual)
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

· · · · · · · · · · · · · · · · · · ·				B. IN	FORMATIC	ON ABOUT	OFFERIN	īG				
											Yes	No P
1. Has the	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											<u>и</u> .1
9 YETL 4 *-	ah.a11	in			Appendix, oted from a					.42,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s_ <i>U</i>	IA_
											Yes	No
3. Does th	Does the offering permit joint ownership of a single unit?										. 🗖	Ø
commis If a pers	sion or simi son to be list s. list the na	lar remune ted is an ass me of the b	ration for se sociated per roker or de	olicitation rson or age aler. If mo	the has been of purchase nt of a broke ore than five on for that	rs in conne er or dealer (5) person	r registered is to be list	sales of sec with the S ed are assoc	uriues in u EC and/or v	with a state	· /	VA
Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of As	sociated Br	oker or De	aler	<u>.</u>								
States in W								 v-				
(Check	"All States	or check	individual	States)		,444					. Al	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID TO
IL.	IN	IA	KS	KY	LA	ME	MD NC	MA	(MI)	MN OK	MS OR	MO PA
MT RI	NE SC	NV SD	(<u>HM</u>)	TX	NM [UT]	ŊΥ] [VT]	NC VA	ND)	WV	WI	WY)	PR
				<u> </u>		ليفنا						
Full Name ((Last name	tırst, if ind	ividual)									
Business o	r Residence	Address (Number an	d Street, C	City, State, 2	Zip Code)			· _			
Name of As	sociated B	roker or De	aler				··· -					
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	;				-	
(Check	"All State	s" or check	individual	States)	**************	***************************************	*************		***************************************		. Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID]
IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	ΝV	NH	ГИ	NM	NY	NC	ND	OH)	OK TWEET	OR TOTAL	PA
RI	SC	SD	[TN]	[TX]	UT	VT	(VA)	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	lividual)									
Business o	r Residence	e Address (Number an	d Street, C	City, State,	Zip Code)						,
Name of A	ssociated B	roker or De	aler			··					<u>.</u>	· - · · · ·
States in W	hich Person	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers				· · · · ·		
(Check	c "All State	s" or check	individua	l States)		••••••	***************	····			[] A	il States
AL	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	N N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	IX]	NM UT	YY] [VT]	NC VA	ND WA	OH WV	OK)	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	aiready exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	1,000,000	s 320,000
	Equity\$		\$
	Common Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests		\$
	Other (Specify)\$		\$
	TotalS	1,000,000	s 320,000
	Answer also in Appendix, Column 3, if filing under ULOE.	1 1	1
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Accessor
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		s 25.000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		s 25000
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		1
	Rule 504	COMMON	5 05,000
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		0
	Transfer Agent's Fees		s 30.00
	Printing and Engraving Costs		\$
	Legal Fees		s 100 00
	Accounting Fees		s 30.00
	Engineering Fccs		\$
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify) FEDER		s 40.00
	Total		s 2-00.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	5	s 999,800
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used fo each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.6 above.	r 3	,
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. []\$
	Purchase of real estate	*	
	Purchase, rental or leasing and installation of machinery	2	□s
	• •	□\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	<u> </u>	- L.J -
	issuer pursuant to a merger)		
		□ \$	U\$
	Working capital	Z5_/50,000	. □2 <u>X44800</u>
	Other (specify):		
	Column Totals	_s_K70,000	. Ds 84980
	Total Payments Listed (column totals added)	□\$_£	799,800
	D. FEDERAL SIGNATURE		
sig thc	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte Rule 502.	tle 505, the following an request of its staff,
	SIERRA GOLD OKPORATION Signature	JUNE 3	0,2008
Næ	JOUGAAS KVANS Title of Signer (Print or Type) CHAIRMAN AND CEO		.
	•		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		······
i	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) SILRRA GOLD CORPORATION	Signature Date JUNE 30, 2008
Name (Print or Type) OUGLAS EVANS	CHAIRMAN AND CEO

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 3 2 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell explanation of Type of investor and offering price to non-accredited waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited No Yes Investors Amount Investors **Amount** State Yes No AL ΑK ΑZ AR CA CO CT DE DC FL GA HI ΙD \mathbf{IL} IN IA KS ΚY LA ME MD MA MI MN MS

APPENDIX 3 2 1 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell explanation of Type of investor and offering price to non-accredited waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited No Yes Investors Amount Investors Amount No State Yes MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA wvWI

<u> </u>				APPI	ENDIX		· - · · ·			
1	1 2 3 Type of security and aggregate				4			5 Disqualification under State ULOE (if yes, attach		
	investo	accredited rs in State 3-Item 1)	offering price offered in state (Part C-Item 1)		1 1				explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors					No	
WY										
PR										

END